



2013 STATE HEALTH BENEFIT PLAN NEW ENROLLEE BENEFITS COMPARISON

	Standard HRA	Standard HDHP
	In-Network/ Out-of-Network	In-Network/ Out-of-Network
Deductible		
You	\$1,600	\$2,000/\$4,000
You and Spouse	\$2,800	\$4,000/\$8,000
You and Child(ren)	\$2,800	\$4,000/\$8,000
You and Family	\$4,000	\$4,000/\$8,000
HRA Dollar Credits		
You	\$150	N/A
You and Spouse	\$300	N/A
You and Child(ren)	\$300	N/A
You and Family	\$500	N/A
Out-of-Pocket Maximum		
You	\$4,500	\$4,500/\$9,000
You and Spouse	\$7,000	\$9,000/\$18,000
You and Child(ren)	\$7,000	\$9,000/\$18,000
You and Family	\$9,500	\$9,000/\$18,000
Medical Services		
Preventive Care, Well Child Exams & Immunizations	No cost to you ----- (in-network only)	No cost to you ----- (in-network only)
Office Visits (including Mental Health & Substance Abuse)	15% after deductible, 40% after deductible	20% after deductible/ 40% after deductible
Inpatient/Outpatient Hospital Services (including Mental Health & Substance Abuse)	15% after deductible, 40% after deductible	20% after deductible/ 40% after deductible
Outpatient Testing, Lab, etc. , diagnostic tests	15% after deductible, 40% after deductible	20% after deductible/ 40% after deductible
Maternity Services	15% after deductible, 40% after deductible	20% after deductible/ 40% after deductible
Emergency Care	15% after deductible	20% after deductible
Urgent Care	15% after deductible, 40% after deductible	20% after deductible/ 40% after deductible
Eye Exam (every 24 months)	Covered in full	Covered in full
Prescription Drugs (30 days) Minimum = min Maximum = max Ie (\$15/\$60)	Tier 1: 15% (\$20/\$50) Tier 2: 25% (\$50/\$80) Tier 3: 25% (\$80/\$125)	Tier 1: 20% (\$10/\$100) Tier 2: 20% (\$10/\$100) Tier 3: 20% (\$10/\$100) No out-of-network coverage